

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, OCTOBER 10, 1885.

Original.

THE TREATMENT OF ANEURISM OF THE THORACIC AORTA BY POTAS- SIUM IODIDE.*

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It is not my purpose to-night to offer any thing new, nor to read an essay that shall any thing like cover the large field of medical and surgical science embodied in the subject of aortic aneurism. Those who were present at the last meeting will remember that in an oral report of two cases now under treatment, I spoke of some points in diagnosis, in treatment, and in the progress of this disease, and that a part of my statements, especially those referring to the use of the potassium iodide as a remedial agent, and the immediate results of external rupture, were not wholly agreed to by some of the members present. I propose, therefore, to-night to confine myself, after a few words upon the pulse in diagnosis, to these two questions. In connection with what I have to say upon these topics, it is my pleasure to introduce to you the two gentlemen at my side, Mr. B. and Mr. W., each of whom is now under my care, Mr. B. vastly improved by rest and the iodide; so much so that he has resumed his business and discontinued treatment; Mr. W. better, but owing probably to continued hard physical labor, still far short of what I believe can be accomplished in his case by the combined treatment of rest and the medicine; and I may say, in passing, that his employers have promised to aid us by materially lightening his labors in the future. I am sure each of the members will unite with me in thanking the gentlemen for their presence here to-night.

*Read before the Louisville Medical Society, September 10, 1885.

VOL. XX.—No. 15.

Flint, sr., in his Manual of Auscultation and Percussion, mentions, among the many and grave symptoms that arise from thoracic aneurism, "inequality of the radial, carotid, and subclavian pulsation on the two sides, or the absence of pulsation on one side and contraction of one of the pupils." It was this group of symptoms that first led me to the diagnosis of aortic aneurism in the case of Mr. B., that is, before the marked development of the pulsating tumor in the course of the ascending aorta. That author also called attention to the same peculiarity of pulse so long ago as 1859, in his well-known work upon diseases of the heart. In his recent work upon clinical medicine he says: "The tumor, situated near the origin of the arteria innominata, on the one hand, and the left carotid or subclavian artery, on the other hand, may press upon these arteries, producing complete or partial obstruction. The effect of obstruction of the innominate artery is weakness or suppression of the radial and carotid pulse on the right side, and, on the left side, weakness or suppression of one or both of the corresponding arteries. Inequality of the pulse on the two sides, or its absence on one side, if not due to a congenital anomaly, is suggestive of aneurism in a patient in middle life."

While I am well aware that this has been somewhat generally held as a characteristic symptom of thoracic aneurism, I am led to refer to it specially because of the fact that a good many authorities fail to make any mention of it.

In the matter of prognosis, I stated that sudden death at the primary rupture of the sac was by no means the rule, but that a gradual seepage of blood may take place for some time, and the orifice even undergo a plugging up by coagulum—thus prolonging life. This, you will find, is in accordance with the views of the various authorities. Pulmonary, gastric, and intestinal hemorrhage is not infrequently simulated

in repeated recurrences by a leaking aneurism of the aorta.

In this connection Niemeier says: "When, after coming to the surface in the form of a tumor, it breaks externally, the integument gradually grows thinner, turns dark blue, then black, and at last sloughs. After a time the eschar separates. The blood, however, does not always escape in a stream. Sometimes it is restrained by the coagula, so that there is only a gradual trickling flow; and it may even be possible to staunch the first hemorrhages by means of the tampon, so that death may not occur until after repeated outbursts of blood." So also Bruen, "The stratified layers of the aneurism may be perforated by a very minute stream of blood, and several hemorrhages may occur, preceding the final issue by a very variable space of time."

Prof. Marvin has, since our last meeting, reported a case occurring in his hospital practice in which is the following statement: "Ten days before death the little pimples ruptured, and a little sanious fluid oozed out, which continued until his death. Through the opening caused by the rupture of the pimples the brownish, leathery-looking clot deposited around the walls of the sac could be seen."

Finally, not to occupy too much time with these points, I pass to the iodide treatment, or as my facetious colleague who can not see how potassium iodide can "build up the weakened vessels" calls it, the "classical" treatment. No one has ever yet, so far as I am aware, attempted, certainly no one has ever encompassed the restoration of normal form and tone to the diseased and distended vessel. By quotation from several authorities, I believe I can best give the rationale and status of this certainly wise and successful mode of treatment.

Constantine Paul states, in his work on Diseases of the Heart (Wood's Library for 1834), that the iodide was first given for this disease by Dr. Chukerbutty, of Calcutta, in 1862, in small doses—that so great was the relief that it was thought his cases must have been of syphilitic origin, but that this was disproved—that Dreschfield gave as high as six grams a day. He concludes the subject with this sentence: "In fact, iodide of potassium is the best remedy that can be administered in aortic aneurism."

Burtholow, in his Therapeutics, in speaking of this remedy, says: "Large doses (grs. xv-3ss) three or four times a day often afford remarkable relief in aneurism, and

sometimes effect a cure. The author has seen several instances in which great relief was experienced, and one case certainly in which a cure apparently resulted."

Fothergill, in his Hand-book of Treatment, says of aneurism: "The other part of treatment is directly curative—to procure layers of fibrine within the sac until it is filled and the aneurism is cured. For the attainment of this end it has been found useful to administer iodide of potassium."

Flint, in his Clinical Medicine, under heading of treatment of thoracic and abdominal aneurism, says: "Of remedies which in some special way contribute to the object of treatment there is, at the present time, one, the value of which is amply attested by clinical experience. This is the iodide of potassium."

Hartshorne says: "The medicine most in favor for aneurism of the aorta with leading practitioners is iodide of potassium. Excellent effects are ascribed to it in a number of reported cases."

Roberts, in his Practice of Medicine, says: "The use of iodide of potassium has been particularly advocated by Dr. William Roberts, of Manchester, and Dr. George Balfour, of Edinburgh, when given in large doses, even as much as fifteen to thirty grains thrice daily, and continued for a long period. I have found this drug of decided value in some cases."

Bramwell, in his Diseases of the Heart, on this subject says: "Iodide of potassium is by far the most valuable remedy. . . . Dr. George Balfour, who has done so much to establish the iodide plan of treatment in this country, thinks that the large doses which he formerly recommended are unnecessary; he now gives smaller doses." Bristowe mentions it among the remedies that have been employed with reputed success. In short, of all authorities examined, but one speaks adversely of the treatment, namely, Holmes, in Quain's Dictionary, and but one, Wood's Practice, is conspicuous for making no mention of it whatever.

Referring to the pulse sign, you will observe in the case of Mr. B., whose aneurism is of the ascending aorta, that the feeble pulse, contrary to the rule in such cases, is the left. The anomaly has been observed in a few other cases, and is spoken of by Paul as follows: "The pulse on the side of the aneurism is commonly smaller than that on the opposite side, but sometimes the reverse holds true. F. Franck observed the latter condition in two patients, and he

explains the increased amplitude of the radial pulse on the affected side by the vasomotor paralysis of the vessels of this limb. Marey, on the other hand, thinks that it is due to the wave furnished by the aneurism at the moment of reflux, a dicrotic wave, which may be larger than that observed in the normal condition." The former view, that of vasomotor paralysis seems most satisfactory to me.

I wish also to call your attention to the lowness of the tumor (the sixth costo-sternal articulation, right side) in the case of Mr. W. This I believe to be due to gravitation, large aortic aneurisms often sinking until they reach the upper surface of the diaphragm. You will notice also that in this case there is no pulse disparity, which leads me to believe that the point of distension is situated below the origin of the innominate, quite close to the heart.

Miscellany.

A NEW EMERGENCY HOSPITAL IN NEW YORK.—The New York correspondent of the Medical Review says that another new hospital is about to open its doors—the "Gouverneur" Hospital, opposite the foot of the street of that name, and down town very near the East river. It is a city institution, under the control of the Commissioners of Charities and Correction. It is to have an ambulance service, covering the district of the four surrounding police precincts, and will act as a feeder to Bellevue Hospital, just as Chambers Street does to New York. The pressure upon Chambers Street Hospital will be somewhat relieved by the new building, as an equitable allotment of precincts has been made to both by the Police Commissioners. That such relief was needed is evidenced by the fact that the latter institution has often had twenty-five ambulance calls daily during the heated term, and as many of these were for cases of sunstroke, the facilities of the hospital were taxed to their utmost.

The new institution is in fact the old Gouverneur market building remodeled and refitted for its new uses. Its name is that of an old family of high repute in the early annals of New York. It is three stories in height; the first floor is devoted to an accident ward, rooms for ambulance drivers, etc., while above are two small wards on each floor, giving a bed capacity of about

twenty-five. This, while small, is sufficient for the purposes of a reception hospital. It will probably be conducted on the plan of the Chambers Street Hospital. This branch of the old New York Hospital, or "House of Relief," as it is officially called, has had a remarkable history. From a small beginning its service has vastly increased until now there is probably no other place in the United States where such opportunities are offered for the study of surgical cases, which alone are treated there. Over two hundred cases are treated daily in the dispensary.

WHAT A MEDICAL MAN SHOULD BE.—The Medical Press in its student's number gives the following as what the requirements of a medical man should be: He must now be possessed of an amount of intelligence which shall enable him to grapple with, and conquer difficulties which necessarily beset him while a student, and to the overcoming of which he is required to bring abilities of no mean order. It is the absence of any appropriate test by which to gauge the possession of capacity of this kind prior to his entry on his course of study that, in our opinion, constitutes the principal reason why so large a number of young men commence their career each year as students without the least prospect of ever completing it by becoming possessed of a qualification to practice. The successful student must be endowed with an intelligent capacity that will enable him to grasp the principles that lie at the root of his studies, and to apply them when called upon to make experience with disease; and such capacity is incapable of being tested by means of a preliminary examination in arts alone, such as now forms the sole standard of fitness to which intending students are invited. Moreover, he should be physically strong enough to support the fatigue and strain that all but the most favored practitioners are, for a time at least, compelled to undergo; and to this must be added that personal deportment for lack of which many otherwise excellently qualified men entirely fail to win the more solid rewards of professional work.

THE CANADA MEDICAL ASSOCIATION met in Chatham, Ontario, September 2d. The officers elected for the ensuing year are: President, Dr. Holmes, Chatham; General Secretary, Dr. Stewart, Montreal; Treasurer, Dr. Sheard, Toronto; Vice-Presidents,

for Ontario, Dr. Sloan, of Blyth; Quebec, Dr. C. Sewell, Quebec; New Brunswick, Dr. Earle, St. John; Nova Scotia, Dr. Wickwire, Halifax; Manitoba, Dr. Brett, Winnipeg; Local Secretaries, Ontario, Dr. Wishart, London; Quebec, Dr. Bell, Montreal; New Brunswick, Dr. Lunan, Campbellton; Nova Scotia, Dr. Almon, jr., Halifax; Manitoba, Dr. Good, Winnipeg.

Quebec was recommended as the next place of meeting.

THE EXECUTIVE COMMITTEE OF THE INTERNATIONAL CONGRESS.—The Journal of the American Medical Association, October 3d, announces that the Executive Committee of the Ninth International Medical Congress, which is composed of the general officers of the preliminary organization, together with the presidents of the various sections, met in New York City, September 24th, and adopted the following resolution:

Resolved, That this Executive Committee enters upon the management of the affairs of the Ninth International Medical Congress, with the understanding that, in accordance with Rule No. 10, its powers are not restricted except by the rules and regulations adopted September 3, 1885, by the Committee of Arrangements, appointed by the American Medical Association in April, 1885, and that the actions of this Executive Committee are final, not being subject to revision, amendment, or alteration by either the Committee of Arrangements or the American Medical Association.

"The proceedings of the committee were characterized by entire harmony and a commendable zeal in pushing forward the proper preparations for the Congress."

MORE RESIGNATIONS FROM THE INTERNATIONAL CONGRESS.—Dr. Robert Battey, of Rome, Ga., has resigned the presidency of the Section on Gynecology.—*Atlanta Medical and Surgical Journal*.

Dr. E. H. Hazen, of Davenport, Ia., has declined the councillorship of the Section on Otology; Dr. J. R. Weist, of Richmond, Ind., the councillorship of the Section on Surgery.

DR. GEO. M. STERNBERG has been ordered by the State Department to return to Rome as the delegate from this country to the International Sanitary Conference, which reconvenes in November.

THE future of the International Congress excites little or no interest, and those who discuss the matter at all, uniformly express hope that the nation may be spared the dis-

grace of a slipshod meeting, where junketing shall be made to fill up the gaps caused by the withdrawal of the valuable scientific work which, under the original organization, was to have been contributed by the best men from all parts of the country. *New York Corr. Philadelphia Med. News.*

AN ointment consisting of one part of the extract of nux vomica to ten parts of lard is used in the treatment of functional retention of urine. A piece the size of the thumb-nail is to be rubbed on the hypogastrium once or twice a day.

Gulezowski recommends an ointment as follows in the treatment of ulcers of the cornea:

R Iodoformi pulv., gr. xv-xx;
Vasellini puri., ʒijss.
M. carefully. Sig. Apply.

COCAINE IN VENEREAL AND SYPHILITIC DISORDERS.—The experience of Bono with cocaine in affections of the genital system (as published by the *Gazz. delle Cliniche*, ii., 1885) can be conveniently epitomized as follows:

1. An injection of a few drops of a two-per-cent solution of cocaine removes promptly the pains felt in acute gonorrhea during micturition and erection. The injection has to remain in the urethra for at least five minutes, and to be repeated four to five times daily.

2. This cocaine-injection is unrivaled in rendering caustic injections or the introduction of the catheter painless.

3. The burning pains of blennorrhea in women yield invariably to small cotton tampons saturated with a two-per-cent solution of cocaine, or to the application of a five-per-cent solution of cocaine, or to the application of a five-per-cent cocaine ointment.

4. Cocaine facilitates the examination of urethra and bladder with the bougie and the endoscope.

5. It allows of a painless cauterization in balanoprostitis.

6. Pointed condylomata can be painlessly cauterized, excised, or scraped out with its aid.

7. In cauterization and excision of primary syphilitic affections, cocaine evinced every desirable analgesic virtue of a sufficiently long duration.

8. Taken internally during an anti-syphilitic treatment, cocaine did not present any appreciable effects.

9. Its local effects are highly beneficent in syphilitic tonsillitis and in stomatitis mercurialis, and difficulties of deglutition.

Bono refers also to its analgesic properties in acute painful eczema, pruritus vulvæ, sore nipples, and burns.

As Bono's observations were confirmed by Blumenfeld, Fränkel, Pick, and Neisser, they are entitled to attention and confidence.—*Therapeutic Gazette*.

ACTION OF CHINOLINE TARTRATE.—At the close of an article on the subject, Dr. Conrad Behrens draws the following conclusions:

1. Chinoline tartrate is a powerful agent, producing death by asphyxia.

2. The drug increases the force and frequency of the respirations by stimulating the vagus roots in the lung.

3. It paralyzes respiration finally by a secondary depressant action upon the respiratory center.

4. It does not cause convulsions.

5. It lessens and finally abolishes reflex action by a direct action upon the cord, and by a slight action on the muscles and nerves.

6. It diminishes or abolishes muscular contractility respectively when applied through the circulation or directly.

7. It coagulates myosin and albumen.

8. It causes insalivation by paralysis of the secretory fibers of the chorda tympani; increases the flow of bile; has no action upon the spleen.

9. It lowers blood-pressure by paralyzing the vasomotor centers and by a direct depressant action upon the heart-muscle.

10. It diminishes the pulse-rate by direct action upon the heart.

11. It lowers the temperature by increasing the loss of heat.

12. It is a powerful antiseptic; and, finally,

13. Its paths of elimination are not known.—*Ibid*.

CHICAGO PHYSICIANS AND THE CONGRESS. The International Congress, from the standpoint of the profession here, has a gloomy outlook. We can not see how, from the present situation, the gathering can be in any sense international. There may be a large meeting; but if only American doctors attend, and if, as the prospect is certain, many of the most distinguished members of our profession are absent, what is the use of a congress at all? Drs. Lyman, Hyde, Jackson, Parkes, and Senn have

publicly announced that under the present organization they *could not* serve in the positions to which they have been appointed. Not only have a large number of the strongest men in the country declined to participate, but so large a class, that the idea is growing among the profession here that the congress will not be worth attending, that it is a foredoomed failure as an international gathering. This feeling is heightened by the indications from abroad of a growing sentiment of dissatisfaction with our ways of doing which is entertained by the profession of Europe, and which promises to reduce to zero the small delegation of eminent visitors we had any reason to expect under the most favorable auspices.—*Chicago Correspondent of Boston Medical and Surgical Journal*.

CODEIA IN OPIUM HABIT.—Codeia is now extensively used in the treatment of the opium habit. Two grains should be given three times a day, and increased until the effect desired is produced. It does not block up the secretion, has no evil effect on the stomach, and can be easily stopped. If constipation does follow, an aloin pill may be used.

THE President has appointed Dr. E. O. Shakespeare, of Philadelphia, as a commissioner to visit the cholera districts of Europe and study the cause of this disease and the methods for its suppression or control.

THE story comes from the West of a man so tenacious of lucre, that when he swallowed a five-dollar gold piece the stomach pump could only bring up \$4.50.—*Boston Med. and Surg. Journal*.

PROF. BARTHOLOW says the most effective treatment of cholera is by chloral. The effectiveness of this remedy is increased by combination with morphine.

THE President has declined to accept the resignation of Dr. J. B. Hamilton as Surgeon-General of the Marine Hospital Service.

A CHICAGO physician, in signing a death certificate, inadvertently wrote his name in the space left for "Cause of death."

IT is stated that santonine acts on the liver, increasing the flow of bile, with no alteration in its composition.

The Louisville Medical News.

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THE CONGRESS.

DISINTEGRATION.—At this writing it is one month and three days since the famous committee on the reconstruction of the Ninth International Medical Congress met in New York and proceeded to knit up the raveled fabric of its first scheme of reorganization, which went rapidly into rags and tatters so soon as the Chicago job of patch-work came under the touch of critical fingers. It is but thirty-three days, be it repeated, and sixteen of the new appointees or old retainers have declined to wear the honors thrust or left upon them by the new committee. This must be regarded as something more than physiological disintegration (the resignation of Professor John C. Dalton being left out of the count), if it be not, indeed, pathognomonic of rapid decline. For if this solution of continuity and loss of substance be suffered to go on, and if it should keep the present pace for seven months to come, the committee will lay before the parties to the next great consultation at St. Louis a corpus too marasmic for resuscitation, if it be not already defunct and decomposed beyond the possibilities of a profitable *post-mortem*.

CONSTRUCTIVE THERAPY.—It being the opinion of the majority of those who discuss the Congress question that the Congress can not be creditably held under the present scheme of organization, numerous remedies are proposed for the sorry state of discord, alienation, and bad feeling now existing among those who alone can make the proposed meeting a happy success.

As a sample of these remedies we quote, from the Philadelphia Medical News of September 26th, the following preamble and resolutions lately passed by the Chester County (Pa.) Medical Society:

WHEREAS, The members of this Society feel a lively interest in the prosperity of the American Medical Association and in the highest success of the Ninth International Medical Congress, and believe that when a mistake has been made it is better to correct it than to ignore it through a false pride of consistency; therefore,

Resolved, That it is the judgment of this Society that, while the American Medical Association has a perfect right to enforce its code of ethics upon all associations subordinate to it, it has no such right as regards the International Medical Congress, a body with which it has no fixed connection and which does not undertake to regulate matters of professional ethics. That the attempt to organize the Congress solely from its own membership and that of subordinate associations was most unwise and inhospitable, and calculated to lessen the influence and usefulness of the American Medical Association.

Resolved, That we hereby instruct our delegates to the next annual meeting of the American Medical Association to use all honorable endeavors to secure that the false step taken at New Orleans shall be retracted, and that those who led the Association into the present folly shall not be intrusted with the arrangements for the International Medical Congress.

The measure here proposed is probably the only one which holds out any hope of a Congress, but its successful exhibition is a matter of serious doubt. It would not take a prophet to divine that the next meeting of the American Medical Association will be more devoted to medical politics than to science, and it is not improbable that a vigorous attempt will be made to reinstate the original committee with the hope that it

may be able to bring order out of chaos; but they who go up to the May meeting with such hopes and intentions will find the enemy in possession of the supplies, strongly intrenched, and bent on fighting even to the last ditch.

If the point desired could by any means be gained, it is questionable whether it were wise to carry it; for in that event preparations for the successful working of the Congress would have to be made with too much haste for a creditable result. The present managers should, therefore, be suffered to carry out their scheme of organization without obstruction, being accorded credit or blame as the wisdom or folly of their doings shall be demonstrated, and if, as is probable, the Congress shall be ordered to meet in some other land, the profession of America can renew the invitation and spend the three succeeding years of grace in disciplining its temper, adjusting its ethics, and so harnessing its National Association that it will never again be able, in exigencies which involve the credit of American medicine abroad, to run counter to the admonitions of its wisest counsellors.

MATERIA MEDICA COLLECTION FOR STUDENTS OF PHARMACY AND MEDICINE.

Messrs. Parke, Davis & Co. (Detroit, Mich.) propose to furnish physicians and students in medicine and pharmacy an elegant, efficient, and most valuable aid to the practical study of vegetable materia medica. It consists of a collection of all crude drugs of vegetable origin recognized in the United States Pharmacopeia, and many not so recognized that are in common use. The specimens number two hundred and eighty-eight in all, and are contained in a substantial black-walnut case, which is twenty-three inches long, sixteen inches wide, and thirteen and one half inches in depth. Each specimen is put up in a little box, with a label bearing simply a number, an index or

key accompanying the case. The index being alphabetically arranged enables the student to find any required specimen without difficulty, while the absence of names on the labels permits him to give himself abundant practice in the identification of drugs.

Skill in pharmacognosy is an accomplishment which sits gracefully upon any practitioner of the healing art; but to those whose situation compels them to be their own pharmacists, this drug ken is indispensable and must be acquired by methods usually difficult and slow.

By means of the device under notice, this study becomes endowed with new charms for the student, while its pursuit is made rapid and easy.

The manufacturers offer this splendid collection at the very moderate sum of ten dollars; but to be able to put it forth without pecuniary loss, they must be secured in the sale of fifty sets. No doubt the guaranty will be made good at any early day, and the collection thereby placed permanently among the helps to the study of medicine and pharmacy.

Bibliography.

A System of Practical Medicine. By American authors. Edited by William Pepper, M.D., LL.D., Provost and Professor of the Theory and Practice of Medicine and Clinical Medicine in the University of Pennsylvania; assisted by Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Vol. III. Diseases of the Respiratory, Circulatory, and Hematopoietic Systems. 8vo (imperial), pp. 1032; leather. Philadelphia: Lea Brothers & Co. 1885.

The Southeastern Missouri Medical Association will hold its ninth semi-annual meeting at Potosi, Mo., November, 3d, 4th, and 5th, 1885. The President is Dr. W. F. Grinstead; the Corresponding Secretary, Dr. A. W. Chapman.

Correspondence.

NOTICE TO OOULISTS AND PUBLISHERS ON OOULISTIC MATTERS.

Having taken charge of reporting for the *Revue Générale d'Ophthalmologie*, edited by Dr. E. Meyer, of Paris, and Dr. Dor, of Lyon, on the progress of Ophthalmology in our country. I beg leave to request all authors and publishers of ophthalmic works and pipers to send me copies or reprints of their respective publications, in order to enable me to give the most complete review of the current ophthalmic literature of our country in a journal of the largest circulation among our profession. (Medical papers please copy.)

DR. M. LANDESBURG,
40 West Thirty-fourth Street, New York.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Quinlan's (Dublin) paper upon the properties of the mullein plant, especially as a remedy for phthisic, has attracted considerable attention. Dr. Quinlan, from experiments in a large number of cases of pulmonary consumption treated with mullein alone, comes to the following conclusions: First, in the earlier and pretubercular stage of pulmonary consumption mullein has a weight-increasing and curative power greater than that of cod-liver oil, and equal to that of Russian koumiss. Secondly, in cases where tubercles are well established or cavities exist, the mullein has great power in relieving cough, a great boon to consumptives, whose weak stomachs too frequently can not tolerate the usual cough remedies. Third, phthisical diarrhea is completely obviated by mullein. Fourth, mullein has no power over the night sweats of consumption, which should be treated with atropia sulphate. The method of using the drug, which was first adopted by the Irish peasantry, and was followed by Dr. Quinlan, is as follows: Three ounces of the fresh green leaves, or about ten times that much of the dried, are boiled in a pint of fresh cows' milk. After boiling a few minutes the infusion is allowed to stand for ten minutes, when it is strained, sweetened, and drunk while warm. This quantity is to be taken twice or three times a day. It is not at all unpleasant, but is relished by the pa-

tient more as an article of diet rather than as a medicine. The leaves are also recommended to be used in fumigation or for inhalation. It is most beneficial to the respiratory organs, allaying the irritation of spasmodic cough.

It is a pity that Dr. Robson Roose's article, "Health Resorts and their Uses," which has just appeared, was not published two or three months earlier, as it might have been the means of saving very many people a vast amount of useless traveling and a great deal of money. He clearly shows that in the majority of cases invalids can obtain all the advantages that are supposed to be derived from foreign waters, baths, etc., without going through the fatigue and expense of taking long journeys; in fact, he contends that "our country contains many places of this character, which are in no respect second to those to be found abroad." The Doctor does not seem to be a very great believer in "baths," but he thinks that it is at least probable that foreigners in general are more often benefited by them than Englishmen, "to whom daily ablution is not such a novelty as it must be as a general rule to dwellers on the continent."

A good story is going the rounds of the continent. At Karlsbad Prince Bismarck, not feeling well, sent for his favorite doctor, Dr. Schweininger, who began to put all sorts of questions to him. At last the Prince lost his temper and exclaimed, "What on earth are you driving at, Doctor?" Nothing disconcerted the latter replied, "I am at your orders, Prince, but if you wish to be treated without being questioned you had better send for the veterinary surgeon, who is accustomed to physic in that way."

In a few weeks' time the British public will read with pride and satisfaction that the lives of the English scientific mission, which has been located at Aranjuez, a town that has suffered most severely from the cholera outbreak in Spain, have not been exposed in vain, and that a distinct step forward has been made in the knowledge of the special micro-organism associated with cholera. The commission consists of Professor Roy, of Cambridge, and his colleagues, Dr. Graham Brown and Dr. Sherrington. In spite of the danger and confusion existing upon their arrival they calmly established a laboratory, unpacked their microscopes, and systematically prepared culture broths. In all, these gentlemen have

made twenty-four post-mortem examinations of cholera cases, and have also secured many specimens of micro-organisms from living patients. This is one of the greatest number of post-mortem examinations that has ever been performed in the study of cholera. The researches so gallantly undertaken are likely to prove of considerable use to the cause of science. As a specimen of the sanitary state of the town the commission found that at the infantry barracks the latrines were at the back of the kitchens, and all round the kitchen there was a sewer or drain, which had broken down in several places. Huge holes disclosed the sewage below and emitted poisonous gases, which were at once drawn into the kitchen by the heat of the fire. The floors of the dormitories were black, and with a knife layers of dirt could be carved off before the boards were reached. Upon inquiring what precautions were taken to protect the soldiers, it was found that instead of extra cleanliness all baths were stopped during the epidemic. The only excuse given for this extraordinary measure was that the water might be contaminated; but as the soldiers were allowed to wash their faces and hands, and even their feet, it was strange that the men might not wash the entire body.

According to the latest advices from India, Lady Dufferin's fund for providing medical aid for native women is making rapid progress. In the Central Provinces a prospectus has been circulated in the vernacular, and meetings have been held at various places. Classes for the teaching of midwifery have been started at Jubbulpore, and a native gentleman has offered to defray the cost of similar classes at Nagpore. The native princes have shown much interest in the movement and a desire to co-operate liberally. The Maharajah of Ulwar is not only selecting students to be sent to the female training schools, but also proposes to open a dispensary under a native lady doctor, solely for the use of women.

The prizes have just been distributed in the movable hut-hospital competition at the Antwerp exhibition. The first prize was allotted to a hut-hospital of Danish construction. The Rev. Mr. Berthon, of Romsey, England, and Deputy Surgeon-General Innes, of the Army Medical Staff, were the only English competitors who obtained medals out of the sixty various exhibitors.

A new system of sewage-precipitation has recently been tried with success. The

precipitating material is an intimate mixture of clay and coke-dust, raised to a high temperature in retorts, and subsequently treated with crude sulphuric acid. The resulting black powder is thoroughly stirred up with water and delivered into the sewage in a graduated stream; powdered chalk may be added to get rid of coloring matters. The sludge which settles can be baked and used over again.

LONDON, September, 1885.

Obituary.

A NESTOR IN MEDICINE DEAD.

A special dispatch from Lancaster to the Lima (Pa.) Times, October 1, 1885, announces the death of one of the oldest and best-known physicians in America.

Dr. John L. Atlee, the oldest practicing physician in the State, died at his residence in this city this afternoon, in the eighty-sixth year of his age. He had always enjoyed perfect health until a few years ago, when he suffered from a stroke of paralysis from which he never fully recovered. He continued his practice until last week and was taken with pleurisy on Sunday.

Dr. Atlee was a son of Colonel William Pitt Atlee, a Revolutionary officer, and was born in Lancaster. He received his preliminary education in this city and afterward attended school in Philadelphia. He studied medicine with Dr. Samuel Humes and graduated from the University of Pennsylvania in 1820. He began his practice here in that year and it has extended over sixty-five years. He was a very successful surgeon and his reputation in that line was extensive. He was one of the founders of the Lancaster County Medical Society, of which he was president. He was also president of the State Medical Society, which he assisted in organizing in 1857. He was one of the organizers of the American Medical Association and was elected president in 1882. He was professor of anatomy and physiology of Franklin and Marshall College up to 1869, and was a trustee of that institution, which in 1878 conferred the degree of LL. D. upon him. For forty years he was an active member of the Lancaster School Board. He served as president of the Board of Trustees of the Children's Home, this city, and the State Lunatic Asylum, at Harrisburg. He was an associate member of the College of Physicians, in Philadelphia, and in 1877, at Boston, was elected an honorary fellow of the American Gynecological Society. He was frequently called upon to take long journeys to perform surgical operations.

Dr. Atlee leaves three children, Dr. Walter Franklin Atlee, of Philadelphia; Ex-Mayor William A. Atlee, a prominent member of the Lancaster bar, and Miss Annie F. Atlee, who has always lived with her father. His second son, Dr. John L. Atlee, died two months ago.

Pharmaceutical.

ATTENTION is called to the advertisement of PEPTONIZED BEEF in this issue. This extractive of digested beef was devised by Prof. Preston B. Rose, formerly of the Michigan State University. Its preparation is based upon scientific principles, and its manufacture has recently been attempted upon an extensive scale. The general agents of this preparation, Messrs. Chapman, Green & Co., of Chicago, will be pleased to forward samples as per their advertisement.

THE USES OF COCAINE.—Decidedly there is a future for cocaine. It is destined to have a permanent place in medicine, surgery, and dentistry. The scope of its uses is not yet defined, but it is safe to say that its applications are widening as experiments with it are extended. We have been especially impressed with this fact in looking over the literature of the subject recently issued by the house of Parke, Davis & Co., Detroit. They have published several most interesting pamphlets. One is entitled "Cocaine in Dental Surgery," another is a working bulletin on the drug containing a variety of original material, and a third, a well-composed collation of what has been reported about it in home and foreign medical literature. These pamphlets will be sent without charge by the house to any one who sends a written request for them, and they are worth reading by all.

The same firm has devised a very handy and ingenious "cocaine case," which they sell at a moderate price, and which impresses us as the best of the kind we have seen.—*Philadelphia Medical and Surgical Reporter*.

Selections.

RADIAL PULSE IN DIAGNOSIS OF ANEURISM OF THE ARCH OF THE AORTA.—At a meeting of the Paris Hospital Medical Society (*Gaz. Heb.*), M. Rendu described an aneurism involving the whole aorta from its origin to the first portion of its descending limb, which presented an unusual history. The patient, male, aged sixty years, entered the hospital with double pneumonia, pleurisy on left side with small effusion and a pericarditis, all resulting from taking cold.

There was also observed total absence of pulsation in the left carotid and territory of the left subclavian arteries. It was thought that the openings of the two arteries at their point of origin had become obliterated by an atheromatous plaque. Aneurism of the aorta was not suspected from absence of all prominence, of disturbance of pupil and larynx, and of all auscultatory signs; the heart beats were muffled only. At the post-mortem an enormous dilatation of the aorta was discovered, which was subdivided into two cavities by a sort of transverse band. The first, containing the brachiocephalic opening, was free from all fibrinous clot; the second, with the left carotid and subclavian, was almost entirely obliterated by stratified layers of fibrin, the embouchure of those vessels being closed thereby. M. Rendu thought that absence of the radial and carotid pulse together, with increased pericardiac dullness, and an absence of cardiac and aortic murmurs, should lead one to suspect the condition found.—*St. Louis Medical and Surgical Journal*.

THE TREATMENT OF INTRA-UTERINE DISEASE.—Three papers on this subject were read before the Obstetric Section of the British Medical Association, at the fifty-second annual meeting.

Dr. Lombe Athill opened the discussion by a paper in which, after referring to the prejudice which formerly existed against treating the uterine mucous membrane as similar surfaces in other situations are treated, a prejudice which is fast disappearing, the author takes up the consideration of the best method of making such applications as may be necessary. He briefly sums up the conditions which demand such treatment, thus: "All affections of local origin giving rise to profuse menstruation, metrorrhagia, or uterine catarrh, or in which hyperesthesia of the nerves distributed over the inner surface of the uterus exist." Polypi and other tumors he would exclude, but certain forms of recurrent growths, and of malignant diseases, are to be included. He specifies "local origin" in order to guard against conditions dependent upon affections of the tubes and ovaries being treated in this manner.

The agents he would employ are borax, iodine, carbolic acid, iodized phenol, nitric acid, iodoform, and solid nitrate of silver. Of these remedies, the author finds he uses carbolic acid in nearly seventy per cent of cases requiring intra-uterine medication,

iodized phenol in about fifteen per cent, and nitric acid in three per cent. Borax in the form of a saturated solution in glycerine he uses very occasionally in exceedingly mild forms of catarrh, which have nearly yielded to harsher remedies. Iodine, either in the form of tincture or liniment, he considers very inert, as probably very little is absorbed, and its action is mainly caustic. Carbolic acid is the most useful agent, both for curing catarrhs and relieving pain. It should be applied every three or four days, and its use continued for some weeks. Iodized phenol, which is iodine dissolved in carbolic acid, one part to three or four, is of great value in certain cases, especially of hemorrhage. Nitric acid is the most active of the agents. It does not cause much pain, but the cervical canal should always be protected by a tube of vulcanite or platinum. Iodoform is used in the form of slender crayons in some cases of dysmenorrhea and of fetid discharge from the uterus. The solid nitrate of silver as recommended by Sir James Simpson for menorrhagia, depending on subinvolution of the uterus, does not act very satisfactorily, and the author rarely uses it.

All of the agents except iodoform and solid nitrate of silver are used by winding a bit of cotton on a flexible probe, and passing it into the cavity of the uterus. By using dry cotton first, and so removing the mucus, the application will reach the uterine mucous membrane more thoroughly.

There are four conditions where it is necessary to adopt other means: (1) When the mucous membrane is so vascular that the introduction of the probes is followed by hemorrhage. (2) When the cavity is of large size. (3) When hemorrhage occurs as the result of vascular growths. (4) When epithelioma affects the cavity of the uterus. For all these conditions the author has been in the habit of dilating, curetting, and applying nitric acid with very good results except in cases of epithelioma. In four cases, the details of which he gives in full, where there was a vascular growth inside the uterus, and where nitric acid failed to control the hemorrhage, he was induced to try injections of iodized phenol, diluted with an equal part of alcohol, a method which was successful in restraining the hemorrhage and prolonging the patients' lives.

Dr. Thomas More Madden, in his paper on the same subject, after a short historical introduction, speaks of the methods of dilating the uterine canal, as by graduated

series of dilators, where the tissues are lax, or by tents, especially laminaria, when there is more rigidity. Oftentimes to get the best effect of the agent applied, even when there is no abnormal growth, a moderate curetting beforehand is of advantage. The majority of cases calling for intra-uterine medication are, according to Dr. Madden, those of what we should call areolar hyperplasia and subinvolution of the uterus. For this treatment he recommends fuming nitric acid applied with the necessary precautions after thorough dilatation of the canal. Milder applications of carbolic acid, iodoform, and tincture of iodine are recommended later.

For the treatment of tumors within the cavity of the uterus, if submucous or pedunculated, he advises enucleation or écrasement. Within the past two years he has removed forty-two such tumors with thirty-nine recoveries and three deaths. He ends with urging the importance of general as well as local treatment in these cases.

Dr. John W. Byers emphasizes the importance of the rôle which general endometritis plays in the production of the various changes in the mucous membrane and the resulting symptoms which call for intra-uterine medication. Of the four methods, by injections, by the introduction of remedies in the solid form, by ointments, and by swabbing or painting the remedies over the interior of the uterus, he prefers the last. His testimony as to the relative value of the different solutions recommended, and as to the use of the curette, agrees with that expressed in the other papers.—*Boston Medical and Surgical Journal*.

INTESTINAL OBSTRUCTION CURED BY MORPHINE.—Dr. M. G. Sée, the well-known clinician of the Hôtel-Dieu Hospital, of Paris, reports the following interesting case in the *Progrès Médical*: A young woman of twenty-three years of age, presenting nothing unusual in her antecedents, is taken with vomiting spells after five or six days of complete constipation without emission of gases from the anus. The vomited matters are first of an alimentary nature, but soon assume a greenish hue. Purgatives administered per os and anum produce an ample evacuation of hard and distinctly fecal masses, which no doubt caused the intestinal obstruction. The absence of fever and abdominal pain excludes peritonitis, acute or chronic. No trace of abdominal tumor being found, the expulsion of indurated

fecal matters accumulated in the rectum and sigmoid flexure leaves no doubt as to the correctness of the diagnosis of intestinal obstruction.

Soon after the emptying of the bowels a marked amelioration of the patient's condition took place, but did not last long. The vomiting of fecal matter soon reappeared, having this time a distinctly diarrheal character. This coincidence of diarrhea and of fecal emesis is certainly very strange.

The repeated administration of salines soon disproved the assumption of a permanent obstacle in the intestinal tract; besides, the persistency of the fecal emesis appeared in strange opposition to the disappearance of the constipation. Hypodermic injections of morphine cured the patient in three to six days. See regarded the case as one of intestinal spasm, driving the feces to both exits, and thus causing fecal emesis and diarrhea simultaneously. Consequently not to excite, but to calm, was the proper indication of the condition.—*Therapeutic Gazette*.

ON THE LOCAL ACTION OF CALOMEL IN SYPHILIS.—Fürbinger has examined the effect of calomel on wet papules in over one thousand syphilitic subjects (*Zeitschrift für klin. Med.*), and found that this drug in its contact with broad condylomata met with such favorable conditions of solution and absorption, that alongside of its desiccating power its specific mercurial action also asserted itself. Other desiccating powders do not share the quick and profound action of calomel.

Fürbinger corroborates the assumption, that to the generation of corrosive sublimate the medicinal impression is exclusively due. Testing the washings of the applied calomel with iodide of potash, copious precipitates of the iodide of mercury were always obtainable.

Trials of substituting corrosive sublimate for calomel were not encouraging, as strong solutions proved too irritant, weaker ones required too frequent renewals, and at the same time the main advantage of calomel, the rapid desiccation, had to be dispensed with.—*Ibid.*

LATERAL INCISION FOR THE PREVENTION OF RUPTURE OF THE PERINEUM.—Drs. Credé and Colpé, in the *Archiv für Gynäkologie*, discuss the practice of incising the perineum laterally in order to prevent its tearing centrally. The objections being

brought against it are these: (1) That the incision becomes an ulcer, and disturbs the healthy course of the lying-in. This they prevent by bringing the edges of the incision together by suture, with the result that primary union almost invariably follows. They have devised an ingenious method for applying this suture, but without the assistance of diagrams it is difficult to make this understood; we must therefore refer our readers to the paper, where they will find illustrations that make it perfectly clear. (2) That germs of disease may enter through the wound. In this respect the prospect is worse than from a torn perineum. Injury to the perineum only to a slightly appreciable extent increases the lying-in woman's chance of disease or death. Out of 2,000 deliveries in Leipzig, among those with uninjured perineums the death-rate was .954, and the morbidity was 2.94 per cent; among those with torn perineums the mortality was .934 and morbidity 3.24 per cent. (3) That the incisions do not invariably prevent perineal rupture. To meet this the authors give a table of percentage of cases in which lateral incisions were made, and of those in which rupture of the perineum occurred, in the practice of five different assistant physicians; and the table shows that the frequency of incision and the frequency of rupture stood in inverse proportion to one another. They also state that, since incision has been practiced, not a single case of complete perineal rupture has occurred. (4) That the cutting is painful; to which the authors reply, that it is done when the patient is already in much pain, so that she does not notice it. (5) That it leads to the subsequent gaping of the vulva. This our authors deny. They believe, in short, that the lateral incision is extremely useful and absolutely harmless. We may add, in order to give an idea of their practice, that in primiparæ lateral incision was practiced in 25.9 per cent, spontaneous rupture took place in 10.4 per cent, and rupture in spite of incision in 2.9 per cent. In multiparæ, the corresponding figures are: lateral incision, 1.2 per cent, spontaneous rupture, 2.4 per cent. They give figures also which show the influence of perineal ruptures in causing illness during the lying-in period. The percentage of primiparæ whom it was necessary to keep in the hospital longer than a fortnight, was 23.1 among those with perineal cuts or tears, 11.4 among those in whom the perineum was uninjured. In

multiparæ it was only 6.8 per cent. The authors recommend that the incision should be made just after the acme of a pain, that is, just after it is beginning to pass off.—*Medical Record*.

MULTIPLE NECROSIS FOLLOWING VACCINATION.—At a meeting of the New York Pathological Society, Dr. W. P. Watson presented a patient with the following history: A girl, now five years and nine months old, weighed nine pounds when born, cut her lower incisors when five months of age, and the anterior fontanelle was closed probably at about the age of one year. She did not have either any eruption on the skin or the snuffles, and remained healthy until two years of age. The mother has always had very good health, has not had a miscarriage, and is the mother of six other healthy children, five living, and one died of smallpox. The father died of acquired phthisis, but his parents and relatives were all healthy. The mother's relatives were all healthy. There was no history of either hereditary or constitutional disease on either side.

When two years old the child was vaccinated by the health-inspector, and the mother says that he made two incisions just below the insertion of the deltoid, which bled so freely as to require a little time and some kind of applications to check the hemorrhage. The mother also says that he used two vaccine points; whether animal or humanized, Dr. Watson was unable to ascertain positively, but the probability was that it was animal virus.

On the *third* day after the vaccination the child was sick in bed with fever, and on the *fifth* day the mother noticed on the outer aspect of the left forearm a swelling, which was very much inflamed and elevated. One week later a similar swelling, and in about the same situation, appeared upon the right forearm. Two weeks afterward a like swelling appeared over the left scapula, and two months subsequently one upon the outer aspect of the right leg. At the end of a week or ten days those upon the left forearm and over the scapula opened and discharged profusely pus of green color, and the discharge from the other swellings was of the same character when they were opened. The abscesses continued to discharge unhealthy pus for two years, and during the last year several spiculæ of bone have appeared in the sinuses and have been removed by the mother. The first

spiculæ came from the left forearm, and was removed about eight months ago; the last one was removed from the sinus in the right forearm about two months ago. (The specimens were exhibited). All the sinuses are now closed entirely. The left elbow is ankylosed at an angle of from 20° to 30° ; motion seems to be perfect in the right elbow-joint.

The case illustrated the fact that accidents, other than the transmission of syphilis, might occur after vaccination, and, furthermore, that such accidents were not the fault of either physician or patient.

One point of interest with reference to the abscesses was that they occurred mostly on the same side with the vaccination. Another point of interest was that the axillary glands on the left side never suppurated, although they were enlarged for more than a year.—*Ibid.*

SURGEONS AND ANATOMY.—In Pirogoff's *Memoirs*, now appearing in the *Wiener Med. Zeitung*, instances of the disregard or forgetfulness of anatomical details by leading German surgeons are given which sound somewhat strange to English ears. Neither Rust nor Græfe, nor Dieffenbach knew anatomy. Rust once said very naively, in a lecture on Chopart's operation: "I have forgotten what the two bones there are called—the one convex, like a fist, the other concave in the joint; from these two bones the anterior part of the foot is separated." Græfe was in the habit of inviting Schlemm, the professor of anatomy, to great operations, and to inquire during the course of it, "Does not an arterial stem or branch run through there?" Dieffenbach simply ignored anatomy, and made merry over the situation of arteries. He considered the fear of wounding the epigastric artery in herniotomy to be a useless sensation. He used to say to his pupils, of the same artery, "That is a phantom of the imagination." Dieffenbach was such a stranger to even the most superficial anatomical conceptions that he sent a piece cut out from the tongue of a stammerer to Johannes Müller, with the request that he, Professor Müller, would determine what muscle it was.—*Medical Press*.

POISONING BY PETROLEUM.—Dr. Duguët, (*Gazette des Hôpitaux*) of the *Lariboisière*, relates the case of a woman, aged forty-eight, who was brought into that hospital May 8th, having just swallowed about a

pint of the ordinary petroleum of commerce, with suicidal intentions. She at once felt a strong sensation of oppression along the esophagus, and especially at the stomach, together with a sense of burning, and was in a very agitated condition. She exhaled a powerful odor of petroleum, and, on vomiting being excited by ipecacuanha with large quantities of milk, a good deal of petroleum floated on the ejections, as it did in those produced from the bowels by a clyster. All the urine of the patient was carefully preserved, and that passed just before the emetic was given contained a floating layer of petroleum about one inch in thickness. On the day after her admission, the floating petroleum in the urine amounted to about five drams, but by the next day had diminished to one dram and then gradually disappeared. Some albumen, which at first was present, disappeared with the petroleum. During the first four days the petroleum prevented the urine from undergoing decomposition for ten days.—*Medical Record.*

OX-GALL IN THE TREATMENT OF TYPHOID FEVER.—Dr. G. G. Van Schaick, in an article in the Quarterly Bulletin of the Clinical Society of the New York Post-Graduate Medical School, recommends highly the administration of pure ox-gall in typhoid fever. He gives the pure ox-bile from the slaughter-house in gelatine capsules of a dram each, three or four times a day, according to the indications. A marked change in the height of the fever was noted after its administration. He says:

The idea of using ox-gall in typhoid came from a close study of the symptoms and their causation, and I am well satisfied that we have at hand a remedy calculated to let the disease run its course in a mild form, and to remove the chief symptoms which go so far toward making the disease the dangerous and severe one we have hitherto observed.

I do not believe that any drug we can give, in any way, in typhoid, is able to modify to any great extent the inflammatory processes at work upon the agminated and solitary glands of the intestines, and therefore the treatment upon the whole has always been symptomatic, and has aimed at reducing the temperature, at diminishing the rapidity, and increasing the force of the cardiac action, at improving the mental disturbance, and at reducing the amount of tympanites.

The primary cause of these symptoms, I think, is due to the parenchymatous metamorphosis induced chiefly in the liver. Of course such change is known to occur also in the myo-cardium, the kidneys, and the gastric glands; but I think that the hepatic trouble gives rise to a majority of the disturbances. This change evidently causes a very serious diminution in the hepatic secretion; hence a very imperfect digestion and an absence of the great disinfectant of the intestinal canal. For this reason we get the decomposition, giving rise to the tympanites; we get the absorption of its products, giving rise to a poisoning followed by high temperature and mental disturbance.

I do not by any means, therefore, think I am guilty of exaggeration when I say that the chief accessory lesion in typhoid fever is the hepatic derangement, and I think that if we can eliminate this and its results, we will very much diminish the severity of the disease by confining it chiefly to the intestines. These ideas, if correct, would of course lead one to suppose that if so much trouble is due to the absence of a sufficiency of bile, we should replace it as well as possible, and I have therefore employed the best substitute I could find, namely, pure ox-gall. Of course it is at once objected, that it is impossible to give a patient an amount of bile corresponding with the quantity of its daily secretion; we must, however, bear in mind that the quantity required is very much less than in health, the patient being only fed upon milk and fluid diet, which probably requires but a small amount of biliary fluid. Moreover, there is a certain amount of bile secreted during the disease, and a fairly small quantity added to this may make up the desired amount. The drug certainly has this effect to a marked extent in other diseases, and I must say that my attention to its use in typhoid fever was called chiefly after observing the excellent results obtained by Prof. Porter, at his clinics, in all cases where it seemed that there was some temporary hepatic trouble, giving a lessened bile-production and consequent disturbances, much less in degree but somewhat similar in kind to those observed in the digestive derangements of typhoid fever.

It is evident that in many cases that die early in the disease, without perforation or other anatomical cause of death, the fatal result is due to an overwhelming poisoning

of the general system. Now, I think it most probable that the poisoning is much rather caused by the absorption of decomposed intestinal matter than by the bacterii described by Professor Tigri, or by Coze and Feltz, or others. We know, of course, that a micro-organism resembling the "Bacterium Canula" has been found in the blood of typhoid patients, but we do not know that it has been proved to be the real typhoid germ, and not one derived merely from the auto-infection caused by intestinal decomposition. Besides, we must remember that, however much we believe in bacteriology, we should not allow ourselves to be carried away too far by it. Bouchut states, that though it is always remarkably easy to find characteristic bacteria of whooping cough in the sputa a few hours after expectoration, he always failed when he examined them at once. This remark is pregnant of much truth, and can be applied to many conditions.

Medical News

PHTHISIS AND PNEUMONIA IN THEIR RELATION TO SYPHILIS.—In an interesting article in the Quarterly Bulletin of the Clinical Society of the New York Post-Graduate Medical School, on Phthisis and Pneumonia in their Relation to Syphilis, Dr. W. H. Porter sums up the conclusions as follows:

1. *Etiology.* Pulmonary lesions attributable to syphilis are very common, more so in females than in males, with the maximum number of cases occurring between thirty and forty years of age; it is as frequently, if not more frequently, inherited than acquired.

2. *Pathology.* Is most frequent at the apex; usually involves both lungs; is a peculiar pneumonic process in the early stages, while later cavities are formed, and it becomes phthisical in the sense of progressive consolidation, followed by softening and the formation of cavities. There is a strong resemblance but a positive difference, between syphilitic and tubercular phthisis, and a positive anatomical difference between a syphilitic and a miliary tubercle.

3. *Symptoms.* These are peculiar and diagnostic.

4. *Diagnosis.* This rests mainly upon the rational history and physical signs, the extreme dyspnea, the periosteal tenderness, and the absence of an increased bodily temperature.

5. *Prognosis.* This depends upon an early recognition of the trouble.

6. *Treatment* must be anti-syphilitic to be of any avail. Many cases are unaffected by iodide of potassium alone, unless under enormous doses, but a rapid improvement follows upon the use of the biniodide of mercury, iodide of ammonia, and the iodide of potassium.

THE EFFECT OF COCAINE UPON THE HEALING OF WOUNDS.—Dr. Lucien Howe concludes an article on this subject in the New York Medical Journal, August 8th, with the following propositions:

1. In the lesions of the conjunctiva, perfect solutions of the hydrochlorate of cocaine have no appreciable effect, beneficial or otherwise, upon the healing process. When the solution is imperfect, a slight additional hyperemia is produced, which persists longer than in the other eye, but this is ordinarily of no practical importance.

2. In lesions of the cornea it has a beneficial effect, like other mydriatics, but inferior to that of atropine. In imperfect solutions a perceptible abrasion of the epithelium is produced, and, though this is quickly renewed, the healing is thereby delayed by the cocaine.

3. In wounds of the iris the mydriatic action of cocaine is evident; but here again it is inferior to atropine, and is of little value in detaching firm synechiae. Imperfect solutions, however, do not appear to hinder the healing process any more than when applied to the conjunctiva or cornea. Indeed, as strong mixtures possess decided antiseptic properties, they would seem to exert a favorable effect in this respect.

EFFECT OF GENERAL INUNCTIONS ON TEMPERATURE.—From an inaugural thesis of Nasser we abstract the following conclusions:

1. Fatty matters, or vaseline, applied to the entire surface of a child during fever modify the temperature.

2. This modification of temperature consists usually in a reduction of the fever-heat, rarely in a slight and transient elevation, exceptionally only no change is observable.

3. The younger the children are the more pronounced is the reduction of the febrile feature.—*Therapeutic Gazette.*

IODIDE OF POTASH IN THE TREATMENT OF PSORIASIS.—Dr. Hashurd reports a number of cases of psoriasis treated with iodide of potassium alone (*Hospitals-Tidende, No.*

17, 1885). In two thirds of the cases in which the treatment was faithfully carried out a cure resulted; in the remaining third no improvement followed. The drug was given in very large doses, as much as eight or ten drams a day, and continued for six or eight weeks. In one case the patient consumed between thirty and forty ounces of the iodide during the course of treatment. In only one instance were any of the characteristic symptoms of iodism manifested.—*Medical Record*.

ON DIETETIC ERRORS IN FEEDING INFANTS. (*Therapeutic Gazette*).—In view of the absolute and relative increase in the number of children affected with rachitis within the last ten years, the supposition is warrantable, says the editor, that the various artificial foods with which the market is flooded are deficient as a substitute for mother's milk, or else that their mode of exhibition is at fault. Especially during the first four to six weeks of life should artificial foods be avoided, since the pancreas does not begin to secrete its diastatic ferment until after the first month. Hüllmann, of Halle, has recently written an important paper covering the subject of artificial foods, and his opinion is that the objection to them is due to the improper manner in which they are exhibited. The conclusions of his paper

1. Mother's milk is the only perfect food for the infant.
2. The infant ought not to be fed artificially during the first four to six weeks.
3. Cow's milk is the best substitute for mother's milk.
4. The quality, quantity, and mode of ingestion of food stuffs ought to be equally considered.
5. Diarrhea in children must be regarded as a grave affection.—*Archives Pediatrics*.

CHOLERA IN SPAIN.—According to the reports received by the National Board of Health, there have been, from March 4 to August 16, 159,173 cases and 63,640 deaths.

DR. PAUL BÖRNER, editor of the *Deutsche Medicinische Wochenschrift*, and editor and publisher of the *Jahrbuch der Prakt. Medizin*, died recently in Berlin, after a short illness, at the age of fifty-six years.

GLYCERINE in doses of $\frac{3}{4}$ ss to $\frac{3}{4}$ j is recommended as a pleasant and effective remedy for tape-worm. It should be followed by a purgative.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from September 27, 1885, to October 3, 1885:

Col. T. A. McParlin, Surgeon, directed to transfer his duties and the public funds for which he is accountable, as Assistant Medical Purveyor, to Capt. Henry Johnson, Medical Store-keeper, who will, in addition to his present duties, temporarily perform the duties of Assistant Medical Purveyor, New York City. (S. O. 223, A. G. O., Sept. 29, 1885.) *Major D. G. Caldwell*, Surgeon, ordered from Fort Larami, Wyoming, to Fort D. A. Russell, Wyoming. (S. O. 97, Dept. Platte, Sept. 28, 1885.) *Captain J. H. Bartholf*, Assistant Surgeon, ordered from Fort Ringgold, Texas, to Fort McIntosh, Texas, for duty as Post-Surgeon. (S. O. 125, Dept. Texas, Sept. 28, 1885.) *Captain Louis Brechemin*, Assistant Surgeon, ordered from Fort D. A. Russell, Wyoming, to Fort Larami, Wyoming. (S. O. 97, Dept. Platte, Sept. 28, 1885.) *First Lieutenant C. N. B. Macauley*, Assistant Surgeon, relieved from duty at Fort A. Lincoln, D. T., and ordered for duty at Camp Poplar River, M. T. *First Lieutenant Wm. L. Knudler*, Assistant Surgeon, when relieved from duty at Camp Poplar River, M. T., by Assistant Surgeon Macauley, to report to the commanding officer, Fort Snelling, Minn., for duty. (S. O. 105, Dept. Dakota, Sept. 21, 1885.) *First Lieutenant P. G. Wales*, Assistant Surgeon, relieved from temporary duty at Boisé Barracks, and ordered for duty at Ft. Coeur d'Alene, Idaho. (S. O. 160, Dept. Col., Sept. 21, 1885.) *First Lieutenant C. B. Ewing*, Assistant Surgeon, relieved from duty at Fort Stanton, N. M., and ordered for duty at Fort Leavenworth, Kansas. (S. O. 147, Dept. Mo., Sept. 25, 1885.)

MARINE MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended October 3, 1885.

Bailhache, P. H., Surgeon, detailed as Chairman of Board for the physical examination of officers of the Revenue-Marine Service, Sept. 28, 1885. *Vansant, John*, Surgeon, order to New Orleans, La., revoked; to proceed to St. Louis, Mo., October 2, 1885. *Purviance, George*, Surgeon, to proceed to Louisville, Ky., as Inspector, October 1, 1885. *Gastaway, J. M.*, Surgeon, detailed as Chairman of Board for the physical examination of officers of the Revenue-Marine Service, October 3, 1885. *Godfrey, John*, Surgeon, order of September 16th amended; to proceed without delay to Louisville, Ky., September 28, 1885. *Goldsborough, C. B.*, Passed Assistant Surgeon, order of September 16th amended, when relieved, to proceed to Chicago, Ill., October 1, 1885. *Irwin, Fairfax*, Passed Assistant Surgeon, detailed as Recorder of Board for the physical examination of officers of the Revenue-Marine Service, September 28, 1885. To examine physically and instruct crews of the Life Saving Service, Third District, in the method of restoring the apparently drowned, October 3, 1885. *Banks, C. E.*, Passed Assistant Surgeon, detailed as Recorder of Board for the physical examination of officers of the Revenue-Marine Service, October 3, 1885.